POCAHONTAS COMMUNITY HOSPITAL

INDEPENDENT AUDITOR'S REPORT FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED JUNE 30, 2011 AND 2010

POCAHONTAS COMMUNITY HOSPITAL

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POCAHONTAS COMMUNITY HOSPITAL Officials June 30, 2011

Name	Title	Term Expires
CITY COUNCIL		
Brian Blomker Gus Holzmueller Brian Stover John DeWall Jeff Nielsen Rod Stoulil Jeffrey A. Johnson	Mayor Member Member Member Member Member Member City Treasurer	December, 2011 December, 2011 December, 2013 December, 2013 December, 2011 December, 2013 Appointed Annually
HOSPITAL BOARD OF TRUSTEES		
Rick Winegarden Bev Holzmueller Duane Wiemers Don Beneke Cheryl Smith	President Vice-President Secretary-Treasurer Member Member	December, 2011 December, 2013 December, 2013 December, 2011 December, 2011
HOSPITAL OFFICIALS		
James Roetman Lynne Raveling Erin Peterson Susie Aden	Chief Executive Officer Chief Financial Officer Director of Patient Care Director of Outpatient Services	

Gronewold, Bell, Kyhnn & Co. P.C.

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND FINANCIAL CONSULTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees Pocahontas Community Hospital Pocahontas, Iowa

We have audited the accompanying consolidated balance sheets of Pocahontas Community Hospital as of June 30, 2011 and 2010, and the related consolidated statements of revenues, expenses and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Pocahontas Community Hospital as of June 30, 2011 and 2010, and the results of its operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with <u>Government Auditing Standards</u>, we have also issued our report dated August 12, 2011 on our consideration of Pocahontas Community Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> and important for assessing the results of our audit.

The management's discussion and analysis on pages 4 through 4d and the budgetary comparison schedule on page 19 are not a required part of the basic consolidated financial statements, but are supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management, regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

To the Board of Trustees Pocahontas Community Hospital

Our audits were made for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. We previously audited, in accordance with the standards referred to in the second paragraph of this report, the consolidated financial statements for the three years ended June 30, 2009 (none of which are presented herein) and expressed unqualified opinions on those financial statements. The supplementary information (shown on pages 20 through 32) is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in our audits of the basic consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole.

Gronewold, Bell, Kyhnn + Co. P. C. Atlantic, Iowa

August 12, 2011



Pocahontas Community Hospital

Pocahontas Community Hospital Management's Discussion and Analysis

Our discussion and analysis of Pocahontas Community Hospital's (Hospital) financial performance provides an overview of the Hospital's and Pocahontas Community Healthcare Foundation's (a blended component unit) financial activity for the fiscal years ended June 30, 2011, 2010, and 2009. Please read it in conjunction with the Hospital's financial statements.

FINANCIAL HIGHLIGHTS

The Hospital's net assets increased in each of the past two years with a \$513,870 or 6.7% increase in 2011 and a \$434,321 or 6.0% increase in 2010.

The Hospital reported operating income of \$355,775 in 2011 and an operating income of \$243,905 in 2010.

Nonoperating revenues, net increased by \$36,095 in 2011 as a result of a \$13,739 increase in gifts and grants and a \$19,191 decrease in interest expense. The nonoperating revenues, net decreased by \$17,672 or 15.6% in 2010.

USING THIS ANNUAL REPORT

The Hospital's financial statements consist of three statements - a Balance Sheet; a Statement of Revenues, Expenses, and Changes in Net Assets; and a Statement of Cash Flows. These financial statements and related notes provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by contributors, grantors, or enabling legislation.

THE BALANCE SHEET AND STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS

The Balance Sheet and the Statement of Revenues, Expenses, and Changes in Net Assets report information about the Hospital's resources and its activities. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Hospital's net assets and changes in them. The Hospital's net assets - the difference between assets and liabilities - are one way to measure the Hospital's financial health, or financial position. Other nonfinancial factors, however, such as changes in the Hospital's patient base and measures of the quality of service it provides to the community, as well as local economic factors need to be considered in assessing the overall health of the Hospital.

THE STATEMENT OF CASH FLOWS

The final required statement is the Statement of Cash Flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities.

THE HOSPITAL'S NET ASSETS

The Hospital's net assets are the difference between its assets and liabilities reported in the Balance Sheet on page 5 as you can see from Table 1.

Table 1: Assets, Liabilities, and Net Assets

		2011		2010		2009
Assets: Current assets Capital assets, net Other assets, net	\$	2,813,817 6,115,539 843,229	\$	3,476,499 6,236,041 567,908	\$	2,164,133 6,355,746 736,581
Total assets	<u>\$</u>	9,772,585	<u>\$</u>	10,280,448	<u>\$</u>	9,256,460
Liabilities: Long-term debt, less current maturities Other current and noncurrent liabilities	\$	430,172 1,109,312	\$	849,489 1,711,728	\$	1,197,903 773,647
Total liabilities	<u>\$</u>	1,539,484	<u>\$</u>	2,561,217	\$	1,971,550
Net Assets: Invested in capital assets Restricted expendable assets Unrestricted	\$	5,320,466 112,242 2,800,393	\$	4,799,889 93,588 2,825,754	\$	4,824,022 93,336 2,367,552
Total net assets	<u>\$</u>	8,233,101	<u>\$</u>	7,719,231	<u>\$</u>	7,284,910

OPERATING RESULTS AND CHANGES IN THE HOSPITAL'S NET ASSETS

In 2011, the Hospital's net assets increased by \$513,870 or 6.7%, as shown in Table 2. This compares with the 6.0% increase in net assets of \$434,321 for 2010.

Net patient service revenue increased \$892,079 or 11.5% in 2011 (\$584,604 or 8.1% in 2010).

Table 2: Operating Results and Changes in Net Assets

		2011		2010		2009
Operating Revenues: Net patient service revenues Other operating revenues Total operating revenues	\$	8,671,220 107,048 8,778,268	\$	7,779,141 95,066 7,874,207	\$	7,194,537 84,079 7,278,616
Operating Expenses: Nursing service Other professional service General Service Fiscal and administrative service Provision for depreciation Total operating expenses Operating income		2,343,415 2,930,808 700,962 1,835,542 611,766 8,422,493		2,130,552 2,632,910 623,384 1,629,939 613,517 7,630,302 243,905	_	1,988,971 2,513,170 597,687 1,462,316 630,306 7,192,450 86,166
Nonoperating Revenues and Expenses: Noncapital gifts, grants and bequests Investment income Ambulance subsidy Interest expense Clinic operations, net Gain (loss) on disposal of equipment Non-operating revenues, net	(156,133 17,584 7,202 52,125) 2,769) 5,654 131,679	(142,394 23,390 6,745 71,316) 429) 5,200) 95,584	(163,598 31,371 6,274 87,687) 300) 113,256
Excess of Revenues Over Expenses Before Capital Grants and Contributions		487,454		339,489		199,422
Capital Grants and Contributions		26,416		94,832		14,456
Increase in Net Assets		513,870		434,321		213,878
Net Assets Beginning of Year		7,719,231		7,284,910		7,071,032
Net Assets End of Year	<u>\$</u>	8,233,101	<u>\$</u>	7,719,231	<u>\$</u>	7,284,910

OPERATING INCOME

The first component of the overall change in the Hospital's net assets is its operating income, the difference between net patient service and other operating revenues and the expenses incurred to perform those services. Operating income increased from an income of \$243,905 in 2010 to income of \$355,775 in 2011.

The primary component of this increase in operating income is:

The increase in patient volumes resulting in a 14.2% increase in gross patient service revenue. Gross patient service revenue was \$11,441,105 in 2011 compared to \$10,017,431 in 2010.

NONOPERATING REVENUES AND EXPENSES

Nonoperating revenues consist primarily of contributions, interest revenue and investment earnings and a county subsidy for providing ambulance services. Interest revenue decreased from \$23,390 in 2010 to \$17,584 in 2011. This decrease is the result of declining interest rates received on investments over the past year.

GRANTS AND CONTRIBUTIONS

The Hospital received \$23,921 in grant funds through the SHIP, FLEX and HRSA grant programs in 2011.

The Pocahontas Community Hospital Healthcare Foundation was formed for the purpose of raising funds for the benefit of the Hospital. The Foundation completed a capital campaign to raise money for the recent building project at the Hospital. The Foundation is also the conduit for the funds from the annual Hospice fund drive.

THE HOSPITAL'S CASH FLOWS

Changes in the Hospital's cash flows are consistent with changes in operating revenues and nonoperating revenues and expenses as discussed earlier.

BUDGETARY HIGHLIGHTS

The official budget of the Hospital for the year ended June 30, 2011 was prepared on an accrual basis. Actual expenditures were lower than the budget by \$1,250,228 due to lower than expected supply costs in some departments, and less depreciation cost than expected.

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets:

At the end of 2010, the Hospital had \$4,799,889 invested in capital assets, net of accumulated depreciation and related debt. In 2011, the Hospital purchased new equipment costing \$505,610. The Hospital had \$5,320,466 invested in capital assets net of accumulated depreciation and related debt at the end of 2011.

Debt:

At year-end, the Hospital had \$795,073 in debt outstanding. The original debt included a \$2,000,000 promissory note signed by the City of Pocahontas on behalf of the Hospital for financing the current building project, and a \$360,000 non-interest bearing note with the City of Pocahontas for distribution of the proceeds of a city awarded USDA Grant. The proceeds of this note were used for the purchase of several pieces of equipment.

OTHER ECONOMIC FACTORS

The continued declining employment in the county related to the economic downturn has resulted in residents losing jobs or having a reduction in paid hours and as a result losing insurance coverage. This situation has resulted in a 44% increase in bad debts in 2011, as patients are no longer able pay their premiums or medical bills and cannot go without medical care. Many of these patients, because they are still employed or working aged may not qualify for government assistance, but do qualify for some hospital sponsored financial assistance because of the low income levels.

Another wind energy project is currently under construction in the county and has positively impacted the hospital through pre-employment testing services.

CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact the Chief Financial Officer, Pocahontas Community Hospital, 606 NW 7th St., Pocahontas, Iowa 50574.

POCAHONTAS COMMUNITY HOSPITAL Consolidated Balance Sheets June 30,

<u>ASSETS</u>

	2011	2010
Current Assets: Cash Patient receivables, less allowances for doubtful accounts and for contractual adjustments (\$612,000 in 2011, \$440,000	\$ 914,175	\$ 1,500,591
in 2010) Other receivables Inventory Prepaid expense	1,278,709 21,986 127,991 103,515	1,172,387 23,318 109,034 84,506
Internally designated assets Total current assets	<u>367,441</u> 2,813,817	<u>586,663</u> 3,476,499
Designated and Restricted Assets: Internally designated assets Restricted assets Less amounts required to meet current liabilities	1,041,642 112,242 1,153,884 367,441 786,443	976,588 93,588 1,070,176 586,663 483,513
Capital Assets: Depreciable capital assets, net Non-depreciable capital assets	6,103,039 12,500 6,115,539	6,223,541 12,500 6,236,041
Other Assets	56,786	84,395
Total assets	<u>\$ 9,772,585</u>	<u>\$ 10,280,448</u>

LIABILITIES AND NET ASSETS

		2011		2010
Current Liabilities: Current maturities of long-term debt Accounts payable Accrued employee compensation Other accrued expenses Accrued interest Estimated third-party payor settlements Total current liabilities	\$	364,901 192,439 241,902 36,530 2,540 271,000 1,109,312	\$	348,963 449,798 216,677 32,230 4,060 660,000 1,711,728
Long-Term Debt, less current maturities Total liabilities		430,172 1,539,484		849,489 2,561,217
Net Assets: Invested in capital assets, net of related debt Restricted - expendable Unrestricted		5,320,466 112,242 2,800,393 8,233,101		4,799,889 93,588 2,825,754 7,719,231
Total liabilities and net assets	<u>\$</u>	9,772,585	<u>\$</u>	10,280,448

POCAHONTAS COMMUNITY HOSPITAL Consolidated Statements of Revenues, Expenses and Changes in Net Assets Year ended June 30,

		2011		2010
Revenue: Net patient service revenue	\$	8,671,220	\$	7,779,141
Other revenue		107,048		95,066
Total revenue		8,778,268		7,874,207
Expenses: Nursing service Other professional service General service Fiscal and administrative service Provision for depreciation Total expenses		2,343,415 2,930,808 700,962 1,835,542 611,766 8,422,493		2,130,552 2,632,910 623,384 1,629,939 613,517 7,630,302
Operating Income		355,775		243,905
Non-Operating Revenues (Expenses): Noncapital gifts, grants and bequests Investment income Ambulance subsidy Interest expense Clinic operations, net Gain (loss) on disposal of equipment Non-operating revenues, net	(156,133 17,584 7,202 52,125) 2,769) 5,654 131,679	(142,394 23,390 6,745 71,316) 429) 5,200) 95,584
Excess of Revenues Over Expenses Before Capital Grants and Contributions		487,454		339,489
Restricted Revenue: Capital grants and contributions		26,41 <u>6</u>		94,832
Increase in Net Assets		513,870		434,321
Net Assets Beginning of Year		7,719,231		7,284,910
Net Assets End of Year	<u>\$</u>	8,233,101	<u>\$</u>	7,719,231

The accompanying notes are an integral part of these statements.

POCAHONTAS COMMUNITY HOSPITAL Consolidated Statements of Cash Flows Year ended June 30,

	2011	2010
Cash flows from operating activities: Cash received from patients and third-party payors Cash paid to suppliers Cash paid to employees Other operating revenue Net cash provided by operating activities	\$ 8,177,230 (4,913,364) (2,859,963) 107,048 510,951	\$ 8,132,442 (4,308,891) (2,655,070) <u>95,066</u> 1,263,547
Cash flows from non-capital financing activities: Gifts, grants and bequests Ambulance subsidy Net cash provided by non-capital financing activities	143,983 7,202 151,185	127,544 6,745 134,289
Cash flows from capital and related financing activities: Capital expenditures Proceeds from disposal of assets Capital grants and contributions Principal paid on long-term debt Interest paid Net cash used in capital and related financing activities	(743,310) 20,000 26,416 (403,379) (41,495) (1,141,768)	(262,397) 1,085 94,832 (333,272) (58,036) (557,788)
Cash flows from investing activities: Change in designated and restricted assets Investment income Clinic operations, net Other asset changes Net cash used in investing activities Net increase (decrease) in cash and cash equivalents	(83,065) 17,584 (2,769) (37,891) (106,141)	(55,018) 23,390 (429) 450 (31,607)
Cash and cash equivalents beginning of year	(585,773) 1,685,233	808,441 876,792
Cash and cash equivalents end of year	\$ 1,099,460	\$ 1,685,233
Reconciliation of cash and cash equivalents to the balance sheets: Cash in current assets Cash and cash equivalents in designated and restricted assets Total cash and cash equivalents	\$ 914,175	\$ 1,500,591

(continued next page)

POCAHONTAS COMMUNITY HOSPITAL Consolidated Statements of Cash Flows - Continued Year ended June 30,

	2011			2010
Reconciliation of operating income to net cash provided by operating activities:				
Operating income	\$	355,775	\$	243,905
Adjustments to reconcile operating income to net cash provided by operating activities				
Depreciation 2 1		611,766		613,517
Amortization		47,559		32,243
Change in assets and liabilities		·		·
Accounts receivable	• (104,990)	(286,699)
Inventory	(18,957)	(6,395)
Prepaid expense	(19,009)	,	5,167
Accounts payable - trade	Ì	1,718)	(15,131)
Accrued employee compensation	•	25,225	•	30,754
Other accrued expenses		4,300		6,186
Estimated third-party payor settlements	_(389,000)		640,000
Total adjustments		155,176		1,019,642
Net cash provided by operating activities	\$	510,951	\$	1,263,547

The Hospital also incurred the following non-cash transactions in addition to the transactions reflected in the reconciliation of operating income to net cash provided by operating activities:

		2011		2010
Interest imputed on loan and recorded as a gift	<u>\$</u>	12,150	<u>\$</u>	14,850
Net book value of asset traded	<u>\$</u>		<u>\$</u>	32,866

The accompanying notes are an integral part of these statements.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Reporting Entity

The organization includes a hospital foundation and a 25 bed critical access acute care municipal hospital with related healthcare ancillary and outpatient services. Pocahontas Community Hospital (Hospital) is organized under Chapter 392 of the Code of Iowa; accordingly, it is a political subdivision of the State of Iowa and is therefore exempt from federal and state income taxes. It is governed by a five member board of trustees, elected for four year terms. In addition, the City Treasurer is considered to be a Co-Treasurer of the Board. The Hospital, a component unit of the City of Pocahontas, has considered all potential component units for which it is financially accountable, and other organizations for which the nature and significance of their relationship with the Hospital are such that exclusion would cause the Hospital's financial statements to be misleading or incomplete. The criteria for determining financial accountability include: appointing a majority of an organization's governing body, and (a) the Hospital's ability to impose its will on that organization, or (b) the potential for the organization to provide benefits to or impose financial burdens on the Hospital.

The Pocahontas Community Healthcare Foundation (Foundation) has been identified as a component unit of the Hospital, and accordingly, the assets, liabilities, and activities of the Foundation have been consolidated with those of the Hospital in their financial statements. The Foundation is a not-for-profit corporation exempt from income tax under Section 501 of the Internal Revenue Code. It was established to provide financial support to the Hospital.

2. Enterprise Fund Accounting

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on GASB Statement No. 20, as amended, the Hospital has elected to apply the provisions of all relevant pronouncements of the FASB, including those issued after November 30, 1989 that do not conflict with or contradict GASB pronouncements.

3. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

4. Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less including designated and restricted assets.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

5. Inventory Valuation

Inventory is valued at the lower of cost (first-in, first-out method) or market.

6. Investments

Investments are reported at fair value except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. These investments are carried at amortized cost. Interest, dividends, and gains and losses, both realized and unrealized, on investments are included in non-operating revenue when earned, unless restricted by donor or law.

7. Capital Assets

The Hospital's capital assets are reported at historical cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. Capital assets with lives in excess of four years and cost in excess of \$5,000 are capitalized. These capital assets, other than land, are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using their estimated useful lives (fifteen to fifty years for buildings and land improvements and five to twenty years for equipment).

8. Costs of Borrowing

Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. The Hospital did not capitalize any interest costs in 2011 or 2010.

9. Compensated Absences

Hospital employees earn vacation days at varying rates depending on years of service. Vacation time accumulates to a maximum of 200 hours. Any excess over 200 hours accumulated by the employee's anniversary date is lost. The computed amount of vacation benefits earned by year end is recorded as part of accrued employee compensation. Employees also earn sick leave benefits based on varying rates depending on years of service. Employees may accumulate sick leave up to a specified maximum. Employees are not paid for accumulated sick leave if employment is ended.

10. Operating Revenues and Expenses

The Hospital's statement of revenues, expenses and changes in net assets distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services - the Hospital's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as non-operating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

11. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

12. Grants and Contributions

Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

13. Restricted Resources

Use of restricted or unrestricted resources for individual projects is determined by the Hospital Board of Trustees based on the facts regarding each specific situation.

14. Net Assets

Net assets of the Hospital are classified in four components. Net assets invested in capital assets net of related debt consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net assets are noncapital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital. Restricted nonexpendable net assets equal the principal portion of permanent endowments. Unrestricted net assets are remaining net assets that do not meet the definition of invested in capital assets net of related debt or restricted.

15. Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Revenue from services to these patients is automatically recorded in the accounting system at the established rates, but the Hospital does not pursue collection of the amounts. The resulting adjustments are recorded as bad debts or charity service depending on the timing of the charity determination.

NOTE B - THIRD-PARTY PAYOR ARRANGEMENTS

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare and Medicaid - Inpatient acute services, inpatient nonacute services, and most outpatient services related to program beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for the cost of services at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediaries. The Hospital's Medicare cost reports have been audited and finalized by the fiscal intermediaries through June 30, 2009. The Medicaid cost reports have been finalized through June 30, 2008. However, finalized cost reports are subject to re-opening by the intermediary within three years after the date of finalization. Outpatient services not paid based on a cost reimbursement methodology are paid based on a prospectively determined fee schedule.

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates and discounts from established charges.

NOTE C - ENDOWMENTS AND RESTRICTED NET ASSETS

Restricted expendable net assets are available for the following purposes:

	2011			2010		
Capital items Hospice services Cardiac rehab Scholarships Physician recruitment	\$	18,598 28,411 1,030 1,500 9,317	\$	3,478 15,746 1,030 3,000 13,056		
Foundation discretionary		53,386		57,278		
Total restricted expendable net assets	<u>\$</u>	112,242	<u>\$</u>	93,588		

Restricted nonexpendable net assets represent the principal amounts of permanent endowments, restricted to investment in perpetuity. The Hospital had no permanent endowments as of June 30, 2011 and 2010.

NOTE D - DONOR RESTRICTIONS RELEASED

Restricted assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors:

		2010		
Purpose of Restrictions Accomplished: Capital items Hospice costs Ambulance Other Foundation projects	\$	31,590 25,114 6,240 62,369	\$	23,829 40,847 5,708 31,785
	\$	125,313	<u>\$</u>	102,169

NOTE E - DESIGNATED NET ASSETS

Of the \$2,800,393 (\$2,825,754 as of June 30, 2010) of unrestricted net assets as of June 30, 2011, \$1,041,642 (\$976,588 for 2010) has been designated by the Hospital's Board of Trustees for capital acquisitions, debt principal payments, and endowments. These assets remain under the control of the Board of Trustees, which may, at its discretion, later use the funds for other purposes.

NOTE F - DEPOSITS AND INVESTMENTS

The Hospital's deposits in banks at June 30, 2011 were entirely covered by federal depository insurance or the State Sinking Fund in accordance with Chapter 12C of the Code of Iowa. This chapter provides for additional assessments against the depositories to ensure there will be no loss of public funds. Investments are stated as indicated in Note A.

The Hospital is authorized by statute to invest public funds in obligations of the United States Government, its agencies and instrumentalities; certificates of deposit or other evidences of deposit at federally insured depository institutions approved by the Board of Trustees; prime eligible bankers acceptances; certain high rated commercial paper; perfected repurchase agreements; certain registered open-end management investment companies; certain joint investment trusts; and warrants or improvement certificates of a drainage district.

NOTE F - DEPOSITS AND INVESTMENTS - Continued

The composition of designated and restricted assets is as follows:

		2011		2010
Internally Designated Assets: Capital Improvements and Debt Payments:				
Cash and cash equivalents Certificates of deposit Interest receivable Due to City	\$	119,378 543,256 2,241 23,233)	\$	136,804 437,433 2,351
Hospital designated endowments: Certificates of deposit		400,000		400,000
	<u>\$</u>	1,041,642	<u>\$</u>	976,588
Restricted Assets: Cash Certificate of deposit	\$	65,907 46,335	\$	47,838 45,750
	<u>\$</u>	112,242	<u>\$</u>	93,588

The Hospital's investment policy limits the investment of operating funds (funds expected to be expended in the current budget year or within 15 months of receipt) in instruments that mature within 397 days. Funds not identified as operating funds may be invested in investments with maturities longer than 397 days but the maturities shall be consistent with the needs and use of the Hospital.

NOTE G - ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2011 and 2010, was as follows:

		2011		2010
Receivable From:				
Patients	\$	480,867	\$	441,459
Medicare		694,376		680,070
Medicaid		128,817		97,039
Blue Cross		385,321		245,163
Workers Compensation		25,945		22,868
Others		175,383		125,788
		1,890,709		1,612,387
Less allowances for doubtful accounts and				
contractual adjustments		612,000		440,000
	<u>\$</u>	1,278,709	<u>\$</u>	1,172,387

NOTE H - CAPITAL ASSETS

Capital assets, additions, disposals and balances for the years ended June 30, 2011 and 2010 were as follows:

Cost	Balance 2010	Additions	Disposals	Balance 2011
Land Improvements Buildings Fixed Equipment Major Movable Equipment Depreciation	\$ 154,540 8,041,527 655,271 2,887,950 11,739,288	\$ 99,070 <u>406,540</u> 505,610	\$ 4,447 51,320 245,475 301,242	\$ 154,540 8,037,080 703,021 3,049,015 11,943,656
Land Improvements Buildings Fixed Equipment Major Movable Equipment	130,799 2,968,453 352,372 2,064,123	5,847 264,197 43,239 298,483	4,447 49,834 232,615	136,646 3,228,203 345,777 2,129,991
Total Depreciation	5,515,747	611,766	286,896	5,840,617
Depreciable Capital Assets, Net	\$ 6,223,541	<u>\$(106,156</u>)	<u>\$ 14,346</u>	\$ 6,103,039
Land	<u>\$ 12,500</u>	<u>\$</u>	\$	<u>\$ 12,500</u>
Cost	Balance 2009	Additions	Disposals	Balance 2010
Land Improvements Buildings Fixed Equipment Major Movable Equipment		Additions \$ 15,200 28,795 488,968 532,963	<u>Disposals</u> \$ 215,507 215,507	
Land Improvements Buildings Fixed Equipment	2009 \$ 154,540 8,026,327 626,476 2,614,489	\$ 15,200 28,795 488,968	\$ 215,507	2010 \$ 154,540 8,041,527 655,271 2,887,950
Land Improvements Buildings Fixed Equipment Major Movable Equipment Depreciation Land Improvements Buildings Fixed Equipment	2009 \$ 154,540 8,026,327 626,476 2,614,489 11,421,832 124,947 2,621,720 312,891	\$ 15,200 28,795 488,968 532,963 5,852 346,733 39,481	\$ 215,507 215,507	2010 \$ 154,540 8,041,527 655,271 2,887,950 11,739,288 130,799 2,968,453 352,372
Land Improvements Buildings Fixed Equipment Major Movable Equipment Depreciation Land Improvements Buildings Fixed Equipment Major Movable Equipment	2009 \$ 154,540 8,026,327 626,476 2,614,489 11,421,832 124,947 2,621,720 312,891 2,019,028	\$ 15,200 28,795 488,968 532,963 5,852 346,733 39,481 221,451	\$ -215,507 215,507 176,356	2010 \$ 154,540 8,041,527 655,271 2,887,950 11,739,288 130,799 2,968,453 352,372 2,064,123

NOTE I - NON-CURRENT LIABILITIES

A schedule of non-current liabilities for the years ended June 30, 2011 and 2010 follows:

	Balance 2010	Additions	Reductions	Balance 2011	Current Portion
Note A Note B	\$ 941,309 257,143	\$ 	\$ 351,950 51,429	\$ 589,359 205,714	\$ 313,472 51,429
	<u>\$1,198,452</u>	<u>\$</u>	<u>\$ 403,379</u>	<u>\$ 795,073</u>	<u>\$ 364,901</u>
	Balance 2009	Additions	Reductions	Balance 2010	Current Portion
Note A Note B	\$1,223,153 308,571	\$ 	\$ 281,844 51,428	\$ 941,309 257,143	\$ 297,534 51,429
	<u>\$1,531,724</u>	\$	<u>\$ 333,272</u>	<u>\$1,198,452</u>	<u>\$ 348,963</u>

Note A - The note is in the name of the City of Pocahontas through Citizens State Bank, Pocahontas Office. However, the Hospital is responsible for all loan principal and interest payments, therefore, the note payable has been recorded as a liability of the Hospital. Combined monthly principal and interest payments, required in the loan agreement, are \$28,323 and the interest rate is 5.25%. The final payment is scheduled to be paid in June, 2013, however, the Hospital has voluntarily begun to pay \$35,000 monthly, which will result in an earlier completion date. The Hospital has pledged all of its assets and future revenues (net of certain expenses) to repay the note.

Note B - The City of Pocahontas obtained a \$360,000 Rural Economic Development Grant through the United States Department of Agriculture. The proceeds were then loaned to the Hospital to cover the cost of specified equipment items. The note with the City is non-interest bearing, however, interest has been imputed at a rate of 5.25%, and recorded as a donation on the Hospital's financial statements. Monthly principal payments of \$4,286 are being made to the City through July, 2015. The note is collateralized by the equipment purchased (with a net book value of \$253,841).

The annual debt service on the notes is expected to require less than 37% of cash flow available for debt service. For the current year, debt service and cash flow available for debt service were approximately \$445,000 and \$1,199,000 respectively.

Scheduled principal and interest payments on long-term debt are as follows:

	Long-Term Debt									
Year Ending June 30,		Principal	I	nterest	Total					
2012 2013 2014 2015	\$	364,901 327,316 51,429 51,427	\$	21,522 2,773 	\$	386,423 330,089 51,429 51,427				
	<u>\$</u>	795,073	<u>\$</u>	24,295	<u>\$</u>	819,368				

NOTE J - PENSION AND RETIREMENT BENEFITS

The Hospital contributes to the Iowa Public Employees Retirement System (IPERS) which is a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits which are established by State statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa, 50306-9117.

Regular plan members are required to contribute 4.50% (5.38% July 1, 2011) of their annual salary and the Hospital is required to contribute 6.95% (8.07% July 1, 2011) of annual covered payroll. Contribution rates are slightly higher when employees are performing emergency response services. Contribution requirements are established by State statute. The Hospital's contributions to IPERS for the years ended June 30, 2011, 2010, and 2009, were approximately \$202,500, \$181,800, and \$157,400, respectively, equal to the required contributions for each year.

NOTE K - AFFILIATED ORGANIZATION

The Hospital has an operating agreement with Trinity Health Systems (Trinity). Under the agreement, the Hospital's Chief Executive Officer is an employee of Trinity and the Hospital reimburses Trinity for the cost of the Chief Executive Officer's salary and benefits. The Hospital also pays Trinity a monthly fee. Under the agreement, Trinity exercises joint authority over the Hospital's operations with the Hospital's board. Trinity consults and works with the Hospital's board in formulating management strategies and recommendations regarding operations. Below is a list of transactions between the Hospital and this affiliate for the years ended June 30, 2011 and 2010:

	2011			2010
Fees to Trinity for personnel and services	<u>\$</u>	288,345	<u>\$</u>	220,641

NOTE L - COMMITMENTS AND CONTINGENCIES

Rental Obligation

The Hospital has agreed to rent building space from the City of Pocahontas for approximately \$15,000 per year through 2014. This rented space is currently used for specialty clinic reception and for the home health/hospice offices.

Remodeling and Repair Projects

The Hospital has signed commitments for minor remodeling and roof repair projects with a total estimated cost of approximately \$67,000. The projects were started subsequent to year end.

NOTE L - COMMITMENTS AND CONTINGENCIES - Continued

Other Assets

The other assets represent funds advanced under agreements with healthcare professionals now practicing in the community. The agreements include commitments by the healthcare professionals to provide medical services in the community for a specified period of years. In exchange for the commitments of time and services, the Hospital will forgive the notes over the term of the commitments.

Risk Management

The Hospital is insured by a claims-made policy for protection against liability claims resulting from professional services provided or which should have been provided. Management believes that the malpractice insurance coverage is adequate to cover all asserted and any unasserted claims, therefore no related liability has been accrued. Pocahontas Community Hospital is exposed to various other common business risks for which it is covered by commercial insurance. Settled claims from these risks have not exceeded insurance coverage during the past three years.

Other Post Employment Benefits (OPEB)

Plan Description: As required by state law, the Hospital offers health insurance to former employees who have retired after age 55, but have not reached Medicare eligibility. The fully insured plan is a part of the plan offered to all Hospital employees, and the retirees must pay a health insurance premium equal to that charged for current employees. There are 61 active employees and 1 retiree currently covered by the plan.

Potential for Liability: A review of the Hospital's current and potential future exposure to this requirement resulted in the conclusion that no material liability exists. Therefore no liability has been recorded.

Subsequent Events

The Hospital has evaluated all subsequent events through August 12, 2011, the date the financial statements were available to be issued.

* * *

REQUIRED SUPPLEMENTARY INFORMATION

POCAHONTAS COMMUNITY HOSPITAL

Budgetary Comparison Schedule Year Ended June 30, 2011

This budgetary comparison is presented as Required Supplementary Information in accordance with Government Auditing Standards. In accordance with the Code of Iowa, the Board of Trustees annually adopts a budget which is filed with the City Clerk to be included in the official city budget. The annual budget may be amended during the year utilizing similar statutorily-prescribed procedures.

The following is a comparison of reported amounts to the accrual basis budget for the year ended June 30, 2011 (Hospital only, excluding Foundation).

		Total Per Hospital tatements		Budget		Amount Under Budget
Expenses	\$ 8,399,772		<u>\$</u>	9,650,000	<u>\$</u>	1,250,228

* * *

SUPPLEMENTARY INFORMATION

POCAHONTAS COMMUNITY HOSPITAL Consolidating Balance Sheets June 30, 2011

ASSETS

	<u>Hospital</u>	Foundation	Total
Current Assets: Cash Patient receivables, net Other receivables Inventory Prepaid expense Internally designated assets Total current assets	\$ 914,175 1,278,709 21,986 127,991 103,515 367,441 2,813,817	\$ 	\$ 914,175 1,278,709 21,986 127,991 103,515 367,441 2,813,817
Designated and Restricted Assets: Internally designated assets Restricted assets Current portion	1,041,642 (367,441) 674,201	112,242 ——————————————————————————————————	1,041,642 112,242 (367,441) 786,443
Depreciable Capital Assets, Net	6,103,039		6,103,039
Non-depreciable Capital Assets	12,500		12,500
Other Assets	56,786		<u>56,786</u>
Total assets	\$ 9,660,343	\$ 112,242	<u>\$ 9,772,585</u>
LIABILITIES AND NE	T ASSETS		
Current Liabilities: Current maturities of long-term debt Accounts payable Accrued employee compensation Other accrued expenses Accrued interest Estimated third-party payor settlement Total current liabilities	\$ 364,901 192,439 241,902 36,530 2,540 271,000 1,109,312	\$ 	\$ 364,901 192,439 241,902 36,530 2,540 271,000 1,109,312
Long-Term Debt, less current maturities	430,172		430,172
Net Assets: Invested in capital assets, net Restricted - expendable Unrestricted Total liabilities and net assets	5,320,466 2,800,393 \$ 9,660,343	112,242 	5,320,466 112,242 2,800,393 \$ 9,772,585
See Independent Auditor's Report.			

POCAHONTAS COMMUNITY HOSPITAL Consolidating Balance Sheets June 30, 2010

<u>ASSETS</u>

	Hospital	Foundation	<u>Total</u>
Current Assets: Cash Patient receivables, net Other receivables Inventory Prepaid expense Internally designated assets Total current assets	\$ 1,500,591 1,172,387 23,318 109,034 84,506 586,663 3,476,499	\$ 	\$ 1,500,591 1,172,387 23,318 109,034 84,506 586,663 3,476,499
Designated and Restricted Assets: Internally designated assets Restricted assets Current portion	976,588 (586,663) 389,925	93,588 93,588	976,588 93,588 (586,663) 483,513
Depreciable Capital Assets, Net	6,223,541		6,223,541
Non-depreciable Capital Assets	12,500		12,500
Other Assets	84,395		84,395
Total assets	\$ 10,186,860	<u>\$ 93,588</u>	<u>\$ 10,280,448</u>
<u>LIABILITIES AND NE</u>	T ASSETS		
Current Liabilities: Current maturities of long-term debt Accounts payable Accrued employee compensation Other accrued expenses Accrued interest Estimated third-party payor settlement Total current liabilities	\$ 348,963 449,798 216,677 32,230 4,060 660,000 1,711,728	\$ 	\$ 348,963 449,798 216,677 32,230 4,060 660,000 1,711,728
Long-Term Debt, less current maturities	849,489		849,489
Net Assets: Invested in capital assets, net Restricted - expendable Unrestricted Total liabilities and net assets	4,799,889 2,825,754 \$ 10,186,860	93,588 \$ 93,588	4,799,889 93,588 2,825,754 \$ 10,280,448
See Independent Auditor's Report.	<u> </u>	<u>v 73,500</u>	<u># 10,200,170</u>
ı l			

POCAHONTAS COMMUNITY HOSPITAL Consolidating Statements of Revenues, Expenses and Changes in Net Assets Year ended June 30, 2011

		<u>Hospital</u>	<u>F</u>	oundation	Eli	<u>iminations</u>		Total
Revenue: Net patient service revenue	\$	8,671,220	\$		\$		\$	8,671,220
Other revenue		107,048				· <u></u>		107,048
Total revenue		8,778,268						8,778,268
Expenses: Nursing service Other professional service General service Fiscal and administrative service Provision for depreciation Total expenses		2,343,415 2,930,808 700,962 1,760,696 611,766 8,347,647		125,313 125,313	(50,467) 50,467)		2,343,415 2,930,808 700,962 1,835,542 611,766 8,422,493
Operating Income (Loss)		430,621	(125,313)		50,467		355,775
Non-Operating Revenues (Expenses): Noncapital gifts, grants, and bequests Investment income Ambulance subsidy Interest expense Clinic operations, net Gain on disposal of equipment	(59,395 16,903 7,202 52,125) 2,769) 5,654		116,870 681 	(20,132) 	((156,133 17,584 7,202 52,125) 2,769) 5,654
Non-operating revenues, net		34,260		117,551	_(_	20,132)		131,679
Excess of Revenues Over (Under) Expenses Before Capital Grants and Contributions		464,881	(7,762)		30,335		487,454
Restricted Revenue: Capital grants and contributions		30,335		26,416		30,335)		26,416
Increase in Net Assets		495,216		18,654				513,870
Net Assets Beginning of Year		7,625,643		93,588				7,719,231
Net Assets End of Year	<u>\$</u>	8,120,859	\$	112,242	<u>\$</u>		<u>\$</u>	8,233,101

See Independent Auditor's Report.

POCAHONTAS COMMUNITY HOSPITAL Consolidating Statements of Revenues, Expenses and Changes in Net Assets Year ended June 30, 2010

		Hospital	_]	Foundation	<u>Eli</u>	minations		Total
Revenue: Net patient service revenue	\$	7,779,141	\$		\$		\$	7,779,141
Other revenue		95,066						95,066
Total revenue		7,874,207						7,874,207
Expenses: Nursing service Other professional service General service Fiscal and administrative service Provision for depreciation Total expenses		2,130,552 2,632,910 623,384 1,578,440 613,517 7,578,803		102,169 102,169	(50,670) 50,670)		2,130,552 2,632,910 623,384 1,629,939 613,517 7,630,302
Operating Income (Loss)		295,404	(102,169)		50,670		243,905
Non-Operating Revenues (Expenses): Noncapital gifts, grants, and bequests Investment income Ambulance subsidy Interest expense Clinic operations, net Loss on disposal of equipment Non-operating revenues, net	(87,014 22,122 6,745 71,316) 429) 5,200))	82,221 1,268 83,489		26,841) 26,841)	(142,394 23,390 6,745 71,316) 429) 5,200)
Excess of Revenues Over (Under) Expenses Before Capital Grants and Contributions		334,340	. (, , ,	ı	23,829		339,489
Capital Grants and Contributions		99,729	_	18,932	_(_	23,829)		94,832
Increase in Net Assets		434,069		252				434,321
Net Assets Beginning of Year		7,191,574	_	93,336				7,284,910
Net Assets End of Year	<u>\$</u>	7,625,643	<u>\$</u>	93,588	<u>\$</u>		<u>\$</u>	7,719,231

POCAHONTAS COMMUNITY HOSPITAL Patient Receivables June 30,

Analysis of Aging:

		201	1		2010)
Days Since Discharge	_	Amount	Percent to Total		Amount	Percent to Total
0 - 30 31 - 90 91 - 180 181 - 360 361 and over	\$ 	1,049,968 397,642 200,637 190,075 52,387 1,890,709	55.5% 21.0 10.6 10.1 2.8 100.0%	\$	952,276 369,540 151,356 127,151 12,064 1,612,387	59.1% 22.9 9.4 7.9 0.7 100.0%
Allowance for doubtful accounts Allowance for contractual adjustments	<u> </u>	200,000 412,000 1,278,709		<u> </u>	140,000 300,000 1,172,387	

Allowance for Doubtful Accounts:

	Year ended June 30, 2011 2010			
Balance, beginning	\$	140,000	\$	130,000
Provision for bad debts		366,114		254,453
Recoveries of accounts previously written off		255,123 761,237		214,882 599,335
Accounts written off		561,237		459,335
Balance, ending	<u>\$</u>	200,000	<u>\$</u>	140,000

POCAHONTAS COMMUNITY HOSPITAL Inventory/Prepaid Expense June 30,

	· 2	011		2010
Inventory Medical and surgical Pharmacy Laboratory and radiology	\$	26,397 72,277 29,317	\$	29,801 53,431 25,802
	<u>\$</u>	127,991	<u>\$</u>	109,034
Prepaid Expense Insurance Service contracts	\$	40,822 62,693	\$	34,297 50,209
	<u>\$</u>	103,515	\$	84,506

POCAHONTAS COMMUNITY HOSPITAL Patient Service Revenue Year ended June 30,

	2011					
	I	npatient		tpatient_	Sw	ing Bed
Daily Patient Services: Medical and surgical Swing bed	\$	389,185	\$	 	\$	 223,775
		389,185				223,775
Other Nursing Services:						
Operating and recovery rooms		27,673		1,093,091		748
Emergency service		7,346		476,027		740
Central services and supply		115,431		319,876		37,092
Intravenous therapy		688		10,502		125
Observation		000		99,195		123
Obstivation		151,138	-	1,998,691		37,965
		131,136		1,990,091		37,903
Other Professional Services:						
Emergency room physician				432,031		
Anesthesiology		4,420		248,465		
Laboratory		204,307		2,625,113		72,124
Radiology		98,300		1,864,261		19,586
Blood administration		35,648		50,175		8,579
Pharmacy		209,885		618,616		113,214
Chemotherapy				49,343		
Electrocardiology		13,850		269,140		3,377
Physical therapy		9,978		321,844		54,660
Speech therapy		380		6,891		570
Occupational therapy		2,262		63,053		27,469
Cardiac rehabilitation		<u></u>		80,817		,
Ambulance services		4,476		348,292		
Industrial Health				61,136		
Home Health Care				153,971		
Hospice		34,986		496,382		
Clinic services				32,750		
		618,492		7,722,280		299,579
	<u>\$</u>	1,158,815	\$	<u>9,720,971</u>	<u>\$</u>	561,319

2011	2010
Total	Total
\$ 389,185	\$ 357,781
<u>223,775</u>	221,525
612,960	579,306
1,121,512	885,350
483,373	381,683
472,399	511,661
11,315	52,201
99,195	107,420
2,187,794	1,938,315
432,031	387,702
252,885	187,305
2,901,544	2,503,817
1,982,147	1,866,832
94,402	77,585
941,715	757,179
49,343	33,730
286,367	247,590
386,482	348,717
7,841	2,686
92,784	77,378
80,817	91,790
352,768	333,523
61,136	67,111
153,971	140,874
531,368	348,078
32,750	27,913
8,640,351	7,499,810
<u>\$ 11,441,105</u>	<u>\$ 10,017,431</u>

POCAHONTAS COMMUNITY HOSPITAL Revenue and Related Adjustments Year ended June 30,

		2011		2010
Net Patient Service Revenue Patient service revenue Contractual adjustments Provision for bad debts Charity care Employee discounts	\$ (((11,441,105 2,389,449) 366,114) 7,375) 6,947)	\$ ((_(10,017,431 1,930,385) 254,453) 43,759) 9,693)
	<u>\$</u>	8,671,220	<u>\$</u>	7,779,141
Other Revenue Meals sold Histories Lifeline Ambulance support Rent income Miscellaneous Sale of x-ray film	\$	18,638 1,692 21,160 18,000 13,575 33,623 360	\$	15,989 2,274 17,809 18,000 12,675 28,319
	<u>\$</u>	107,048	<u>\$</u>	95,066

POCAHONTAS COMMUNITY HOSPITAL Schedule of Expenses Year ended June 30,

			20	011		
		alaries l Wages	Emp	oloyee nefits		plies and Other Expenses
Daily Patient Services						
Nursing administration	\$	725	\$	150	\$	349
Medical and surgical	T	792,543	7		Ψ	124,390
Ç		793,268		150		124,739
Other Nursing Services						
Operating and recovery rooms		203,201				88,125
Central services and supply		26,730				155,557
Emergency service		115,667				33,183
<i>5</i>		345,598				276,865
Other Professional Services						
Laboratory		259,754		585		262,234
Blood administration		237,731		303		30,539
Electrocardiology						50,557
Radiology		204,865				339,225
Cardiac rehabilitation		88,765				5,362
Pharmacy		67				326,144
Chemotherapy		7,176				8,093
Anesthesiology		7,170				1,221
Ambulance services		151,042				52,958
Physical therapy		26,861				3,861
Speech therapy		20,601				3,801
Occupational therapy						1,050
Industrial Health		35,043				1,030
Home Health Care		168,012				
Medical records		89,012				49,069
Hospice						37,316
Hospice		118,263		585		129,298
		1,148,860		383		1,248,309
General Services						
Dietary		114,657				83,608
Plant operations		127,399				241,956
Housekeeping		70,234				13,602
Laundry and linen						34,040
		312,290				373,206
Fiscal and Administrative Services		285,172		840,187		369,594
Provision for Depreciation						611,766
Total all departments	<u>\$</u>	2,885,188	\$	840,922	<u>\$</u>	3,004,479

20	11	
Professional Fees	Total	2010 Total
\$ 	\$ 1,224 916,933 918,157	\$ 28,761 827,107 855,868
43,581 	334,907 182,287 908,064 1,425,258	220,111 165,543 889,030 1,274,684
15,865 18,280 49,662 73,105 121,125 195,540 2,694	538,438 30,539 18,280 593,752 94,127 399,316 15,269 122,346 204,000 226,262 2,694	499,896 27,465 18,087 590,239 100,103 311,218 16,952 89,367 151,391 204,369 1,306
56,783	57,833 36,982 217,081 126,328 247,561 2,930,808	46,569 46,652 215,944 115,931 <u>197,421</u> 2,632,910
15,466 15,466	213,731 369,355 83,836 34,040 700,962	196,164 313,437 85,891 27,892 623,384
265,743	1,760,696	1,578,440
\$ 1,617,058	\$ 8,347,647	\$ 7,578,803

POCAHONTAS COMMUNITY HOSPITAL Fiscal and Administrative Service Expenses Year ended June 30,

	2011	2010
Fiscal and Administrative: Salaries and wages Professional fees Recruitment fees Dues Telephone Supplies and other expense	\$ 285,177 265,74 51,119 9,824 13,744 152,876 778,478	3 253,012 9 37,047 4 27,438 4 13,765 6 123,229
Employee Welfare: Payroll taxes Group health insurance Other employee benefits	420,270 383,090 36,82 840,18	0 336,467 1 40,675
Insurance: Liability and property insurance	67,18	5 64,462
Foundation Expenditures: Supplies and other expense	74,84	
	<u>\$ 1,760,69</u>	<u>6</u> <u>\$ 1,578,440</u>

POCAHONTAS COMMUNITY HOSPITAL Comparative Statistics Year ended June 30,

	2011	2010	2009	2008	_2007_
Acute Care: Admissions	220	219	185	196	204
Discharges	220	219	185	203	203
Patient Days	631	659	548	644	598
Average Length of Stay	2.9	3.0	3.0	3.2	2.9
Average Occupied Beds	1.7	1.8	1.5	1.8	1.6
Swing Bed: Admissions	87	105	77	77	73
Discharges	89	105	77	83	67
SNF Days	601	658	543	522	528
ICF Days	129	67	162	43	76
Combined Average Occupied Beds	3.7	3.8	3.4	3.3	3.3
Outpatient Occasions of Service	32,064	30,296	31,572	33,651	32,302
Home Healthcare Visits	2,058	2,153	2,281	2,595	2,705

POCAHONTAS COMMUNITY HOSPITAL Comparative Consolidated Balance Sheets June 30,

	2011_	2010
Current Assets: Cash Receivables Inventory Prepaid expense Internally designated assets Total current assets	1,300 127 103	,991 109,034 ,515 84,506 ,441 586,663
Other Assets: Designated and restricted assets, net Capital assets, net Other assets	6,115 56 6,958	,786 84,395 ,768 6,803,949
Total assets	<u>\$ 9,772</u>	<u>,585</u> <u>\$ 10,280,448</u>
Current Liabilities: Current maturities Accounts payable Accrued expenses Accrued interest Estimated third party payor settlements Total current liabilities	192 278 2	,901 \$ 348,963 ,439 449,798 ,432 248,907 ,540 4,060 ,000 660,000 ,312 1,711,728
Long-Term Debt, Net Total liabilities	430 1,539	,172 ,484 <u>849,489</u> 2,561,217
Net Assets	8,233	,101 7,719,231
Total liabilities and net assets	\$ 9,772	,585 \$ 10,280,448

	2009		2008		2007
\$	728,994	\$	598,207	\$	706,258
	909,006		861,216		819,531
	102,639		98,748		101,986
	89,673		72,410		81,215
	333,821		330,274		258,070
	2,164,133		1,960,855		1,967,060
	644,493		591,982		336,734
	6,355,746		6,843,888		7,060,697
	92,088				
	7,092,327		7,435,870		7,397,431
<u>\$</u>	9,256,460	<u>\$</u>	9,396,725	<u>\$</u>	9,364,491
\$	333,821	\$	319,256	\$	258,070
Ψ	202,229	Ψ	200,802	Ψ	298,668
	211,967		166,700		180,281
	5,630		6,212		6,832
	20,000		100,000		100,000
	773,647	-	792,970		843,851
	1,197,903		1,532,723		1,491,981
	1,971,550		2,325,693		2,335,832
	7,284,910		7,071,032		7,028,659
<u>\$</u>	9,256,460	<u>\$</u>	9,396,725	<u>\$</u>	9,364,491

POCAHONTAS COMMUNITY HOSPITAL Comparative Consolidated Statements of Revenues and Expenses Year ended June 30,

	2011	2010
Patient Service Revenue	\$ 11,441,105	\$ 10,017,431
Adjustments to Patient Service Revenue	(2,769,885)	(2,238,290)
Net Patient Service Revenue	8,671,220	7,779,141
Other Revenue	107,048	95,066
Total Revenue	8,778,268	7,874,207
Expenses	8,422,493	7,630,302
Operating Income (Loss)	355,775	243,905
Non-Operating Revenues, Net	131,679	95,584
Excess of Revenues Over Expenses Before Capital Grants and Contributions	487,454	339,489
Capital Grants and Contributions	26,416	94,832
Increase in Net Assets	\$ 513,870	\$ 434,321

	2009		2008		2007
\$	9,064,262	\$	8,629,332	\$	7,891,776
(1,869,725)	_(_	2,108,004)	_(_	1,654,603)
	7,194,537		6,521,328		6,237,173
	84,079		91,171		77,680
	7,278,616		6,612,499		6,314,853
	7,192,450		6,662,583		6,268,021
	86,166	(50,084)		46,832
	113,256		66,851		14,113
	199,422		16,767		60,945
	14,456		25,606		12,579
\$	213,878	<u>\$</u>	42,373	\$	73,524

COMMENTS AND RECOMMENDATIONS

Gronewold, Bell, Kyhnn & Co. P.C.

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND FINANCIAL CONSULTANTS

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Independent Auditor's Report on Internal Control over Financial Reporting
and on Compliance and Other Matters

Based on an Audit of Financial Statements Performed in Accordance with
Government Auditing Standards

To the Board of Trustees of Pocahontas Community Hospital Pocahontas, Iowa

We have audited the consolidated financial statements of Pocahontas Community Hospital as of and for the year ended June 30, 2011, and have issued our report thereon dated August 12, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Pocahontas Community Hospital's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing our opinion on the effectiveness of Pocahontas Community Hospital's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses, and, therefore, there can be no assurance all deficiencies, significant deficiencies, or material weaknesses have been identified. However, as described in the accompanying Schedule of Findings, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility a material misstatement of the Hospital's financial statements will not be prevented or detected and corrected on a timely basis.

To the Board of Trustees of Pocahontas Community Hospital

A significant deficiency is a deficiency or combination of deficiencies in internal control which is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in Part I of the accompanying Schedule of Findings as item 11-I-A to be a significant deficiency.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Pocahontas Community Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of non-compliance or other matters that are required to be reported under <u>Government Auditing Standards</u>. However, we noted certain immaterial instances of non-compliance or other matters that are described in Part II in the accompanying Schedule of Findings.

Comments involving statutory and other legal matters about the Hospital's operations for the year ended June 30, 2011 are based exclusively on knowledge obtained from procedures performed during our audit of the consolidated financial statements of the Hospital. Since our audit was based on tests and samples, not all transactions that might have had an impact on the comments were necessarily audited. The comments involving statutory and other legal matters are not intended to constitute legal interpretations of those statutes.

Pocahontas Community Hospital's responses to findings identified in our audit are described in the accompanying Schedule of Findings. While we have expressed our conclusions on the Hospital's responses, we did not audit the Hospital's responses and, accordingly, we express no opinion on them.

This report, a public record by law, is intended solely for the information and use of the officials, employees and constituents of Pocahontas Community Hospital and other parties to whom the Hospital may report, including federal awarding agencies and pass-through entities. This report is not intended to be and should not be used by anyone other than these specified parties.

Gronewold Bell Kylinn + Cv. P. C. Atlantic, Iowa

August 12, 2011

Schedule of Findings Year ended June 30, 2011

PART I - SIGNIFICANT DEFICIENCIES

<u>11-I-A Segregation of Duties</u>: A limited number of people have the primary responsibility for most of the accounting and financial duties. As a result, some of those aspects of internal accounting control which rely upon an adequate segregation of duties are, for all practical purposes, missing in the Hospital.

<u>Recommendation</u>: We recognize that it may not be economically feasible for the Hospital to employ additional personnel for the sole purpose of segregating duties, however, it is our professional responsibility to bring this control deficiency to your attention. We recommend that the Board be aware of the lack of segregation of duties and that they act as an oversight group to the accounting personnel.

<u>Response</u>: The Board is aware of this lack of segregation of duties, but it is not economically feasible for the Hospital to employ additional personnel for this reason. The Board will continue to act as an oversight group.

Conclusion: Response accepted.

* * *

Schedule of Findings - Continued Year ended June 30, 2011

PART II - OTHER FINDINGS RELATED TO REQUIRED STATUTORY REPORTING

<u>11-II-A Certified Budget</u>: As a component unit of the City of Pocahontas, the Hospital is required to annually (in February) provide a copy of its summary budget to the City, to allow its inclusion in the official City budget documents. The Hospital complied with its requirement and provided a copy of its budget to the City by February, 2011.

<u>Recommendation</u>: We recommend that the Hospital continue to file its summary budget with the City of Pocahontas by February and retain documentation that it has done so.

<u>Response</u>: We will continue to meet our obligation of filing our original budget with the City in future years.

Conclusion: Response accepted.

<u>11-II-B Questionable Expenditures</u>: During the audit, we noted certain expenditures approved in the Board minutes that may not meet the requirements of public purpose as defined in the Attorney General's opinion dated April 25, 1979. The expenditures were as follows:

Paid to	Purpose	_Amount_	
Halderwood Farms Home Plate	Employee Recognition Dinner Employee Recognition Dinner	\$	2,501 178

According to the opinion, it is possible for certain expenses to meet the test of serving a public purpose under certain circumstances, although such expenses will certainly be subject to a deserved close scrutiny. The line to be drawn between a proper and an improper purpose is very thin.

<u>Recommendation</u>: We recommend that the Board continue to document the public purpose of expenditures for employee recognition dinners before authorization is given.

<u>Response</u>: The recognition dinner expenditures are considered part of the employee benefit package and the Board feels they meet the requirements of public purpose as defined by the Attorney General's opinion dated April 25, 1979.

<u>Conclusion</u>: Response accepted.

<u>11-II-C Travel Expense</u>: No expenditures of Hospital money for travel expenses of spouses of Hospital officials and/or employees were noted.

Schedule of Findings - Continued Year ended June 30, 2011

<u>PART II - OTHER FINDINGS RELATED TO REQUIRED STATUTORY REPORTING -</u> Continued

<u>11-II-D</u> Business Transactions: Business transactions between the Hospital and Hospital officials and/or employees are detailed as follows:

Name, Title and Business Connection	Description		Amount
Pocahontas Ford Gustave Holzmueller is the owner of the business, a City	Miscellaneous repairs Pick-up Truck	\$	1,154 22,281
Council Member, and the husband of Bev Holzmueller, a Hospital Board member	Total	<u>\$</u>	23,435

The total of \$23,435 of transactions with Pocahontas Ford exceeds \$2,500. A bid process should have been used in acquiring the pick-up, to avoid any appearance of a conflict of interest. However, Pocahontas Ford is the only new automobile dealer in the county and the Board of Trustees determined that purchasing locally was the best decision for the Hospital's overall operation.

<u>Recommendation</u>: We recommend that in the future, the Hospital obtain bids before purchasing a vehicle from a business owned by a board member or their spouse.

<u>Response</u>: Pocahontas Ford is the only dealer selling new vehicles in Pocahontas County. After reviewing the price, and using knowledge of the price of similar vehicles, the Board determined that the cost of this vehicle was appropriate, and decided to make the purchase. Bev Holzmueller abstained from voting on the issue.

Conclusion: Response accepted.

<u>11-II-E Board Minutes</u>: No transactions were found that we believe should have been approved in the Board minutes but were not.

<u>11-II-F Deposits and Investments</u>: We noted no instances of non-compliance with the deposit and investment provisions of Chapter 12B and Chapter 12C of the Code of Iowa and the Hospital's investment policy.

Schedule of Findings - Continued Year ended June 30, 2011

<u>PART II - OTHER FINDINGS RELATED TO REQUIRED STATUTORY REPORTING -</u> Continued

<u>11-II-G Economic Development</u>: During the year ended June 30, 2011, the Hospital paid \$500 to the Pocahontas County Economic Development Commission. The Hospital Board has documented the public benefits received from this expenditure, however, it is disclosed here for public information.

According to Chapter 15A of the Code of Iowa and an Attorney General's opinion dated August 28, 1986, government financing of economic development may, in appropriate circumstances, serve a public purpose. The opinion advises the governing body to evaluate the public benefits to be obtained and discusses the specific criteria to be considered in documenting public purpose.

<u>Recommendation</u>: The Board should continue to evaluate and document the public purpose served by these expenditures before authorizing further payments.

<u>Response</u>: We will continue to evaluate and document the public purpose in the future.

Conclusion: Response accepted.

* * *